

PROBLEM LISTName: Hampton, RandallAIS# 226420Date of Birth: 15 Oct 83Medication Allergies: NKDA HaldolMental Health Code: SMI HARM HIST NONE Date Code Assigned: 12/19/02
(Changes in Mental Health Code should be identified on the Problem List)

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
12/19/02	Schizophrenia Disorder		JRM ^c
12/19/02	Seizure Disorder 2 ^o Head Injury		JRM ^c
12/19/02	Closed head injury 1995 X-Ray - (NO steel plate or Burr holes)		JRM ^c
9-4-03	AXIS II - 301.7 Antisocial Personality Disorder Alcohol Dep Polysubstance Abuse		
2-18-04	Evaluation by TX team for Coding > SMI		
5-6-04	(There is no steel plate or Burr holes in his skull)		
	DX - 101.2		
7/7/05	Mental Health Code: History		William Chitwood,

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On:**Treatment Plan Initiated On:** 12/04**Institution:** Bullock Co. Correctional Facility**Admitted to Unit:** 02/07/03**Level Currently Assigned:** 3**CURRENT STATUS:**

Problem # 1 History of auditory hallucinations; currently in remission w/out meds

Target Date for Resolution: 4 wks

Status: Resolved No Change Modified X

Outcome/Modification: Maintain stability off meds, psych. to monitor for s/s's, AT contact daily, TC to see 2x monthly for indiv. counseling and mental health assessment

Staff Member(s) Responsible: Psych., TC, AT

Frequency: monthly

Problem # 2 Generalized anxiety-poor concentration, impulsive behavior- currently in remission w/out meds

Target Date for Resolution: 4 wks

Status: Resolved No Change Modified X

Outcome/Modification: Maintain stability off meds, psych. to monitor for s/s's, AT contact daily, TC to see 2x monthly for indiv. counseling and mental health assessment, refer to stress mgt. & depression class

Staff Member(s) Responsible: Psych, TC

Frequency: monthly

Problem # 3

Target Date for Resolution:

Status: Resolved No Change Modified

Outcome/Modification:

Staff Member(s) Responsible:

Frequency :

Comments:

Level Change? Yes No

Second Page attached: Yes No

Psychiatrist:

Psychologist:

Mental Health Nurse:

Activities Tech:

Treatment Coordinator:

Correctional Officer Present

Yes No

Inmate Agreement:

refuse to sign

Date:

4-19-05

Next Treatment Plan Review by:

(Level 1: weekly; Level 2: biweekly; Level 3 & 4 monthly)

Inmate Name: Hampton, Randall

AIS# 226420

5hr

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On: 3/15/05

Treatment Plan Initiated On: 12/04

Institution: Bullock Co. Correctional Facility

Admitted to Unit: 2/7/03

Level Currently Assigned: THREE

CURRENT STATUS:

Problem #1 Inmate has history of auditory hallucinations

Target Date for Resolution: 30 days

stable in chemical hemission

Status: Resolved ☐ No Change ☐ Modified ☒

Outcome/Modification:

medication made -

Problem #2 Generalized Anxiety - Poor concentration

Target Date for Resolution: 30 days

improved focus - ability to

Status: Resolved ☐ No Change ☐ Modified ☒

Outcome/Modification:

continue current TX PLAN.

Problem #3

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification:

Comments:

Level Change? Yes ☐ No ☐

Second Page attached: Yes ☐ No ☐

Psychiatrist: *[Signature]*

Psychologist: *[Signature]*

Mental Health Nurse: *[Signature]*

Activities Tech: *[Signature]*

Treatment Coordinator: *[Signature]*

Correctional Officer Present: Yes ☒ No ☐

Inmate Agreement: *Randell Hampton 22-6420* Date: *3-15-05*

Next Treatment Plan Review by: *4.15.05* (Level 1: weekly, Level 2: bi-weekly, Level 3 & 4: monthly)

Inmate Name: Hampton, Randall

AIS# 226420

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On:

Treatment Plan Initiated On:

Institution: Bullock Co. Correctional Facility

Admitted to Unit: 2/7/03

Level Currently Assigned: THREE

CURRENT STATUS:

Problem #1 Inmate has history of auditory hallucinations

Target Date for Resolution: 30 days

Status: Resolved ☐ No Change ☒ Modified ☐

Outcome/Modification:

Problem #2 Generalized Anxiety – Poor concentration

Target Date for Resolution: 30 days

Status: Resolved ☐ No Change ☒ Modified ☐

Outcome/Modification:

Problem #3

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification:

Comments:

Level Change? Yes No

Second Page attached: Yes ☐ No ☐Psychiatrist: [Signature] Psychologist: [Signature]Mental Health Nurse: [Signature] Activities Tech: [Signature]Treatment Coordinator: [Signature] Correctional Officer Present: Yes ☒ No ☐Inmate Agreement: Randell Hampton Date: 2-11-05

Next Treatment Plan Review by: _____ (Level 1: weekly, Level 2: bi-weekly, Level 3 & 4: monthly)

Inmate Name: Hampton, Randall

AIS# 226420

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On:

Treatment Plan Initiated On:

Institution: Bullock Co. Correctional Facility

Admitted to Unit: 2/7/03

Level Currently Assigned: THREE

CURRENT STATUS:

Problem #1 Inmate has history of auditory hallucinations

Target Date for Resolution: 30 days

Status: Resolved ☐ No Change ☒ Modified ☐

Outcome/Modification:

Problem #2 Generalized Anxiety - Poor concentration

Target Date for Resolution: 30 days

Status: Resolved ☐ No Change ☒ Modified ☐

Outcome/Modification:

Problem #3

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification:

Comments:

Level Change? Yes ☐ No ☐Second Page attached: Yes ☐ No ☐Psychiatrist: [Signature] Psychologist: [Signature]Mental Health Nurse: [Signature] Activities Tech: [Signature]Treatment Coordinator: Eddie Lancaster, CNO Correctional Officer Present: Yes ☐ No ☐Inmate Agreement: x Randell Hampton Date: 1-13-05

Next Treatment Plan Review by: _____ (Level 1: weekly, Level 2: bi-weekly, Level 3 & 4: monthly)

Inmate Name: Hampton, Randall

AIS# 226420

Ala a Department of Corrections Mental Health Services
Treatment Plan: Residential Treatment Unit



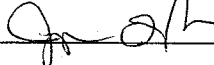
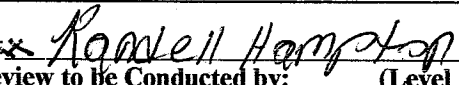
Treatment Plan Initiated on:
 Institution: Bullock County Correctional Facility

Treatment Coordinator: E. Lancaster
 Admitted to RTU: 2/7/03

Level Currently Assigned: THREE

DSM IV Diagnosis:

Axis I: Schizoaffective Disorder
 Axis II: Deferred
 Axis III: None Reported
 Axis IV: Incarceration
 Axis V: 55

Problem # 1 Inmate has history of auditory hallucinations.	
Goal: Inmate will report absence/reduction of voices.	
Target Date for Resolution: 30 days	
Intervention(s): 1. Medications as directed; 2. Nurse to monitor compliance; 3. Schizophrenia Group.	
Staff Member(s) Responsible: Dr. Lancaster/Psychiatrist/LPN	Frequency: Bi-weekly
Problem # 2 Generalized Anxiety – Poor concentration	
Goal: Reduce/eliminate anxiety & improve ability to concentration.	
Target Date for Resolution: 30 days	
Intervention(s): 1. Meet with treatment coordinator twice monthly; 2. Medication compliance – nurse to monitor.	
Staff Member(s) Responsible: Dr. Lancaster/LPN	Frequency: Bi-weekly
Problem #3	
Goal:	
Target Date for Resolution:	
Intervention(s):	
Staff Member(s) Responsible:	Frequency:
Psychiatrist: 	Treatment Coordinator: 
Mental Health Nurse: 	Activities Tech: _____
Correctional Officer Present: Yes No	
Inmate Agreement:  Date: 12-27-04	
Treatment Plan Review to be Conducted by: (Level 1: weekly; Level 2: bi-weekly; Level 3&4: monthly)	
Inmate Name: Hampton, Randall	AIS# 226420

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: CRISIS INTERVENTION

Treatment Plan Initiated on: 12.8.04 Treatment Coordinator: Dr E Lancaster

Inmate's Housing Location: Clinic from Seg Institution: BCC7

Presenting Crisis: Patient stood on sink in seg unit and fell backwards off sink into floor

DSM IV Diagnosis:

Axis I: Schizoaffective, Malingering

Axis II: Borderline Personality Disorder

Axis III: Def

Current Precautionary Measures: Currently patient is in medical to ck out damage from fall

Problem #1	<u>Patient is a malingering</u>
Goal:	<u>To eliminate attention seeking behaviors.</u>
Target Date for Resolution:	<u>on going</u>
Intervention(s):	<u>Suggest that patient be placed in crisis unit until cleared to return to seg.</u>
Staff Member(s) Responsible:	<u>EH/LPN/psych</u>
Frequency:	<u>Daily</u>

Problem #2	<u>Patient refuses to conform to social norms.</u>
Goal:	<u>Patient will conform to social norm</u>
Target Date for Resolution:	<u>on going</u>
Intervention(s):	<u>1 Meds as prescribed 2 TX Coordinator to meet c patient each day until returned to seg</u>
Staff Member(s) Responsible:	<u>EH/psych</u>
Frequency:	

Second Page attached: Yes ☐ No ☐
Treatment Team Members

Psychiatrist: [Signature] Date: 12/8/04
Mental Health Nurse: [Signature] Date: 12-8-04
Treatment Coordinator: [Signature] Date: 12-8-04
Inmate Agreement: Refused to sign Date:

Treatment Plan Review to be Conducted by:

(within one working day)

Inmate Name	<u>Hampton, Randall</u>	AIS #	<u>226420</u>
-------------	-------------------------	-------	---------------

LABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)

Treatment Plan Reviewed on: 3-25-04 Treatment Plan Initiated on:
Institution: BCCF Admitted to Unit on:
Level Currently assigned 3

CURRENT STATUS

Problem #1 Patient reports "People are Out to get him"
Target Date for Resolution: 4-25-04
Status: Resolved ☐ No Change ☐ Modified ☐
Outcome/Modification: Will reduce paranoid ideations by receiving counseling biweekly
will maintain med compliance monitor behavior

Problem #2 Patient has poor use of idle time
Target Date for Resolution: 4-25-04
Status: Resolved ☐ No Change ☐ Modified ☐
Outcome/Modification: Refer to Music Group
Will complete at least one group

Problem #3
Target Date for Resolution:
Status: Resolved ☐ No Change ☐ Modified ☐
Outcome/Modification:

Comments:

Level Change? Yes ☐ No ☒ New Level:

Second Page attached: Yes ☐ No ☒

Psychiatrist: M. Williams Psychologist: Kim H. Hall, PsyD
Mental Health Nurse: Activities Tech:
Treatment Coordinator: M. P. P. MHT Correctional Officer Present: Yes ☐ No ☒
Inmate Agreement: X Randall Hampton Date: 3-25-04
Next Treatment Plan Review to be Conducted by: (Level 1: weekly; Level 2: bi-weekly; Level 3 & 4: monthly)

Inmate Name	Hampton, Randall	AIS #	227420
-------------	------------------	-------	--------

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: OUTPATIENT CARE (REVIEW)

Treatment Plan Reviewed on: 12-26-03 Treatment Plan Initiated on: _____

Inmate's Current Housing Location: FTU Institution: BCTF

CURRENT STATUS

Problem #1

Target Date for Resolution: _____

Status: Stable Resolved ☐ No Change ☐ Modified ☒

Outcome/Modification: _____

Patient has had some issues with
with Down Matter. Patient tends to
aggravate his
Staff Member Responsible: Healy Frequency: _____

Problem #2

Target Date for Resolution: _____

Status: _____ Resolved ☐ No Change ☐ Modified ☒

Outcome/Modification: _____

Patient's medication has caused him
to sleep constantly. Referred patient to psychiatric staff
Staff Member Responsible: _____ Frequency: _____

Problem #3

Target Date for Resolution: _____

Status: _____ Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification: _____

Staff Member Responsible: _____

Frequency: _____

Comments: _____

Second Page attached: Yes ☐ No ☒

Treatment Team Members

Psychiatrist: M. W. Lockhart

Mental Health Nurse: Tracy A. [unclear]

Treatment Coordinator: [unclear]

Date: _____

Date: 12-26-03

Date: 12-26-03

X Inmate Agreement: Rand. Xander Hampton

Date: 12-26-03

Next Treatment Plan Review to be Conducted by: _____

(within six months)

Inmate Name

RANDALL HAMPTON

AIS #

226420

ALABAMA DEPARTMENT OF CORRECTIONS
 MENTAL HEALTH SERVICES
 TREATMENT PLAN, RESIDENTIAL TREATMENT UNIT (PREVIEW)

Treatment Plan Reviewed on 11-17-03 Treatment Plan Initiated on _____
 Institution BCCF Admitted to Unit on _____
 Level Currently assigned 3

Problem #1 Client was released from segregation after Mental Health observation
 Target Date for Resolution: _____
 Status: Resolved ☐ No Change ☐ Modified ☒
 Outcome/Modification: will continue individual counseling and encourage him to be compliant with HSA

Problem #2 Include Ideations and Attempts
 Target Date for Resolution: _____
 Status: Resolved ☐ No Change ☐ Modified ☒
 Outcome/Modification: will continue with Monitor client's behavior until problem is resolved

Problem #3
 Target Date for Resolution: _____
 Status: Resolved ☐ No Change ☐ Modified ☐
 Outcome/Modification: _____

Comments: _____

Level Change? Yes ☐ No ☐ New Level: _____

Second Page attached: Yes ☐ No ☐

Psychiatrist: M. W. [Signature] Psychologist: [Signature]
 Mental Health Nurse: [Signature] Activities Tech: [Signature]
 Treatment Coordinator: [Signature] H.S. MHP Correctional Officer

X Inmate Agreement: Randall Hampton
 Next Treatment Plan Review to be Conducted by: _____ (Level 1: weekly; Ls

Inmate Name

RANDALL HAMPTON

RECEIVE

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: Hampton, Randall AIS#: 226420
Institution: _____ Date of Disciplinary Report: _____

Is the inmate currently on the mental health caseload? ☐ Yes ☐ No
If Yes, referred for mental health evaluation/consultation on: _____

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is? Does the inmate know what date it is? Does inmate know why he is seeing hearing officer?
Is the inmate appropriately dressed? Is inmate able to speak coherently? Does the inmate avoid eye contact?
Does the inmate make sense? Are the inmate's statements logical and organized or unusual?

Should the inmate be referred for mental health evaluation of competency? ☐ Yes ☐ No
If Yes, referred for mental health evaluation/consultation on: _____

MENTAL HEALTH STAFF:

Date request for consult received: 11-13-03 Date consult returned: 11-13-03

Is the inmate competent to participate in the hearing?
If NO, why is the inmate not competent? ☒ Yes ☐ No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge? Yes ☒ No
If YES, briefly describe the issues:

Are there mental health issues to be considered regarding disposition if inmate found guilty? Yes ☒ No
If YES, briefly describe the issues and possible relation to the disposition:

Does mental health staff want to be present at the disciplinary hearing to provide input? Yes ☒
Mental Health Staff Member: _____ Phone Contact: _____

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing? Yes ☐ No ☐
Have the mental health recommendations been considered? Yes ☐ N ☐

Hearing Officer: _____ Date: _____

Inmate Name	AIS #

I interviewed Hampton on 11-12-03:
his situation w. the MH staff on the same
is involved w. the security staff in a test
There is no reason he should not be held acc
to the Glenda Wallace. m. l. h. c.

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: OUTPATIENT CARE (REVIEW)

Treatment Plan Reviewed on: _____ Treatment Plan Initiated on: _____

Inmate's Current Housing Location: _____ Institution: _____

CURRENT STATUS

Problem #1
- Depressed about Lack of Family Contact -
Target Date for Resolution: _____
Status: _____ Resolved ☐ No Change ☐ Modified ☐
Outcome/Modification: *Lessen family anxiety and teach new skills for interaction with others*
Staff Member Responsible: _____ Frequency: _____

Problem #2
Non-compliant with Medication
Target Date for Resolution: _____
Status: _____ Resolved ☐ No Change ☐ Modified ☐
Outcome/Modification: *Refer for Medical and Psychiatric evaluations.*
Staff Member Responsible: _____ Frequency: _____

Problem #3
Target Date for Resolution: _____
Status: _____ Resolved ☐ No Change ☐ Modified ☐
Outcome/Modification: _____
Staff Member Responsible: _____ Frequency: _____

Comments:

Kim F. Smith, Psy.D.

Second Page attached: Yes ☐ No ☐

Treatment Team Members

Psychiatrist: _____ Date: _____
Mental Health Nurse: *Wesley A. Johnson, LSW* Date: _____
Treatment Coordinator: _____ Date: _____

X Inmate Agreement: *Randall Hampton* Date: _____
Next Treatment Plan Review to be Conducted by: _____ (within six months)

Inmate Name <i>RANDALL HAMPTON</i>	AIS # <i>224420</i>
---------------------------------------	------------------------

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

INSTITUTION

Treatment 1
Institution:
Level CurreBullocks
Hampton, Randall226420 B/R
NUMBER R/SLay-in for _____ days from _____ to _____
(date)Target Date
Status:
Outcome/M

due to

on hand
Staff Mem

(date)

Target Date
Status:
Outcome/M

Staff Mem

Instructions:

Please discontinue all
special mental health observation.Pt may be released from crisis
cell and returned to segregation.Thy (H)
is beating hi.
red

Failure to follow the directions above may result in a disciplinary.

Target Date
Status:
Outcomefalls
Staff Mem

Commer

Level C

Second
Psychia
Mental
Treatm03 Sept 03
Date Issued 08/15

Signature

Wendell Bell MR

F-53

Inmate Agreement: Randall Hampton Date: _____
Next Treatment Plan Review by: _____
(Level 1: weekly; Level 2: bi-weekly; Level 3 & 4: monthly)

Inmate Name

RANDALL HAMPTON

AIS #

226420

ALDOC

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICE
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)

Treatment Plan Reviewed on 7/1/03 Treatment Plan Initiated on 2/10/03
Institution: Reef Admitted to Unit on 2/7/03
Level Currently assigned 3

CURRENT STATUS

Problem #1 Poor Behavior toward helping professionals

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐Outcome/Modification: ① Role-playing positive behaviors;
② Education on negative consequences.Problem #2 SocializationTarget Date for Resolution: OngoingStatus: Resolved ☐ No Change ☐ Modified ☐Outcome/Modification: ① Participation in social skills groups;
② Role-playing

Problem #3

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification:

Comments:

Level Change? Yes ☐ No ☒ New Level: _____Second Page attached: Yes ☐ No ☒

Psychiatrist: _____ Psychologist: Mr. Furtell, Psy.D.
Mental Health Nurse: Ms. Christine, R.N. Activities Tech: Mr. Brown
Treatment Coordinator: B. Lee, MA Correctional Officer Present: Yes ☐ No ☐

Inmate Agreement: Refused to Appear Date: 7/1/03
Next Treatment Plan Review to be Conducted by: 7/3/03 (Level 1: weekly; Level 2: bi-weekly; Level 3 & 4: monthly)

Inmate Name

Hampton, Randall

AIS #

226420

Treatment Plan Reviewed on 5/22/03 Treatment Plan Initiated on 2/10/03
 Institution Beets Admitted to Unit on 2/17/03
 Level Currently assigned 3

CURRENT STATUS

Problem #1 Placement in safe cell & associated injury & emotions

Target Date for Resolution:

Status: Resolved ☒ No Change ☐ Modified ☐

Outcome/Modification:

Problem #2 Poor Behavior in response to helping professionals

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification: ① Help inmate understand profess. ions are here to help & ② Attended effective communication & A.D. group -

Problem #3 Socialization

Target Date for Resolution:

Status: Resolved ☐ No Change ☐ Modified ☐

Outcome/Modification: ① Arts & Crafts

Comments: meds:

OK:

Level Change? Yes ☐ No ☐ New Level: _____

Second Page attached: Yes ☐ No ☐

Psychiatrist: [Signature] Psychologist: Stacy Little, Ph.D.
 Mental Health Nurse: M. G. Harvey Activities Tech: [Signature]
 Treatment Coordinator: B. J. R. Moore Correctional Officer Present: Yes ☐ No ☐

Inmate Agreement: Randell Hampton Date: 5/22/03

Next Treatment Plan Review to be Conducted by 5/30/03 (Level 1: weekly; Level 2: bi-weekly; Level 3 & 4: mont)

Inmate Name

Hampton, Randell

AIS #

226420

5.

TREAT. NT PLAN: RESIDENTIAL TREATMEN. UNIT (REVIEW)

Treatment Plan Reviewed on 4/11/03 Treatment Plan Initiated on: 2/10/03
 Institution: BCCF Admitted to Unit on: 2/7/03
 Level Currently assigned 3

CURRENT STATUS

Problem #1 Inmate has hx of self-injurious behaviour. Recently ~~fractured~~ hand ① & lacerating head -
 Target Date for Resolution:
 Status: Resolved ☐ No Change ☐ Modified ☐
 Outcome/Modification: Decrease in frequency & lessen in severity number

Problem #2 Hallucinations (auditory)
 Target Date for Resolution: Ongoing
 Status: Resolved ☐ No Change ☐ Modified ☐
 Outcome/Modification: Education on nature of mental illness

Problem #3 Problems to break socialization skills & relating to authority.
 Target Date for Resolution:
 Status: Resolved ☐ No Change ☐ Modified ☐
 Outcome/Modification: Group participation (Conflict/Reality) and individual counseling

Comments: Inmate has been placed in seg & Inf. safe cell @ least twice in three weeks.
 Level Change? Yes ☒ No ☐ New Level: 2

Second Page attached: Yes ☐ No ☐

Psychiatrist: [Signature] Psychologist: Stacy J. Tull, Psy.D.
 Mental Health Nurse: [Signature] Activities Tech: [Signature]
 Treatment Coordinator: B. Hill, MA Correctional Officer Present: Yes ☐ No ☐

Inmate Agreement: Randell Hampton Date: 4-11-03
 Next Treatment Plan Review to be Conducted by: 5/3/03 (Level 1: weekly; Level 2: bi-weekly; Level 3 & 4: monthly)

Inmate Name <u>Hampton, Randell</u>	AIS # <u>226420</u>
--	------------------------

seg

ALABAMA DEPARTMENT OF CORRECTIONS
 MENTAL HEALTH SERVICES
TREATMENT PLAN: CRISIS INTERVENTION (REVIEW)

Treatment Plan Reviewed on: 4/9/03 Treatment Plan Initiated on: 4/8/03

Inmate's Current Housing Location: BCCF Institution: BCCF

Current Precautionary Measures: Inmate in safe cell @ Present -

CURRENT STATUS

Problem #1 Laceration to head + injury to @ hand

Target Date for Resolution:

Status:

Resolved ☐

No Change ☐

Modified ☐

Outcome/Modification: seek medical attention about injuries + limit complications -

Problem #2 Anger @ placement in safe cell + seq b/c of walls + co's "act to get me!"

Target Date for Resolution:

Status:

Resolved ☐

No Change ☐

Modified ☐

Outcome/Modification: Develop appropriate Behav. mod program to reduce outbursts + time in seq + safe cell -

Comments: Will work to have tx team meeting + all involved to improve inmate behaviours -

Second Page attached: Yes ☐ No ☐
Treatment Team Members

Psychiatrist: Mormen, CNP
 Mental Health Nurse: J.D. Bryant, LPN
 Treatment Coordinator: B. J. Lee, MS

Date: _____

Date: 4/9/03

Date: 4/9/03

Inmate Agreement: _____ Date: _____

Next Treatment Plan Review to be Conducted by: 4/10/03 (within one working c)

Inmate Name

Hampton, Randall

AIS #

226450

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: CRISIS INTERVENTION

Treatment Plan Initiated on: 4/8/03 Treatment Coordinator: B. Fell, B.S. ms

Inmate's Housing Location: Inf. Institution: BCCF

Presenting Crisis: Verbalizing suicidal thoughts and
ideations & history of self-injurious actions.

DSM IV Diagnosis:

Axis I: Psychotic Ob. nos. schiz. Ob.; Depressed, Blysch. Dep.

Axis II: Personality Ob. Nos

Axis III: Seizures due head injury '95

Current Precautionary Measures: Inmate in safe cell @ present &
suicide apron, mattress, and blanket.

Problem #1 <u>Suicidal Behaviors - Lying on floor & banging</u>	
Goal: <u>Reduce acting out & impulsive behaviours</u> <u>head laceration</u>	
Target Date for Resolution:	
Intervention(s): <u>Safe cell & watch pm & devalops under-</u> <u>standing of negative beliefs regarding CO's</u>	
Staff Member(s) Responsible: <u>B. Fell, ms</u>	Frequency: <u>daily</u>

Problem #2 <u>Laceration to head & injury to hand</u>	
Goal: <u>No residual complications from injuries</u>	
Target Date for Resolution:	
Intervention(s):	
Staff Member(s) Responsible:	Frequency:

Second Page attached: Yes ☐ No ☐

Treatment Team Members

Psychiatrist: Wormen, CLAP Date: 4-8-03
Mental Health Nurse: A. D. Bryant, LPN Date: 4/8/03
Treatment Coordinator: B. Fell, ms Date: 4/8/03

Inmate Agreement: _____ Date: _____

Treatment Plan Review to be Conducted by: 4/9/03 (within one working day)

Inmate Name <u>Hampton, Randall</u>	AIS # <u>226420</u>
--	------------------------

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT**

Treatment Plan Initiated On: 2/10/13 Treatment Coordinator: Dr. E. Little
Institution: BCCF Admitted to RTU On: 2/7/03
Level Currently Assigned: 2

DSM IV Diagnosis:

Axis I: Bipolar affective Disorder

Axis II: Personality Disorder NOS / Borderline Intellectual Funct.

Axis III: Hx. of seizure Disorder

Axis IV: Incarceration

Axis V: 20 - 30

Problem #1 <u>Depression & Manic episodes</u>	
Goal: <u>To reduce frequency of manic episodes</u>	
Target Date for Resolution: <u>No date specified</u>	
Intervention(s): <u>① Will refer to M.D. for assessment of need for meds.</u>	
Staff Member(s) Responsible: <u>M.D.</u>	Frequency: <u>As Rx</u>

Problem #2 <u>Suicidal Ideation</u>	
Goal: <u>To reduce pt's tendency for self-injury</u>	
Target Date for Resolution: <u>Ongoing</u>	
Intervention(s): <u>① Individual Counseling</u>	
Staff Member(s) Responsible: <u>MHP</u>	Frequency: <u>As scheduled</u>

Problem #3 <u>Poor Coping Skills / Excessive Anger</u>	
Goal: <u>To teach pt. appropriate Conflict Resolution Skills</u>	
Target Date for Resolution: <u>Ongoing</u>	
Intervention(s): <u>① Individual / group therapy</u>	
Staff Member(s) Responsible:	Frequency:

Second Page attached: Yes ☐ No ☐

Psychiatrist: [Signature]

Mental Health Nurse: [Signature]

Correctional Officer Present: Yes ☐ No ☐

Treatment Coordinator: E. Little, MD

Activities Tech: [Signature]

Inmate Agreement: Randell Hampton

Treatment Plan Review by:

Date: 2/10/2013

(Level 1: weekly; Level 2: bi-weekly; Level 3 & 4: monthly)

Inmate Name <u>Hampton, Randell</u>	AIS # <u>226420</u>
--	------------------------

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: CRISIS INTERVENTION (REVIEW)

Treatment Plan Reviewed on: 2/24/03 Treatment Plan Initiated on: 2/24/03

Inmate's Current Housing Location: Infirmery Institution: BCCF

Current Precautionary Measures: Pt. is in Safe Cell #3

CURRENT STATUS

Problem #1

Target Date for Resolution: 3/25/03

Status:

Resolved ☐

No Change ☒

Modified ☐

Outcome/Modification: Pt. continues to express suicidal ideation, but denies serious intent.

Problem #2

Target Date for Resolution:

Status:

Resolved ☐

No Change ☐

Modified ☒

Outcome/Modification: Status improved somewhat; pt. is more responsive and less hostile.

Comments:

Pt. observed actively hallucinating; spoke to MA nurse regarding med. schedule.

Second Page attached: Yes ☐ No ☒

Treatment Team Members

Psychiatrist: Dorman, CRP

Mental Health Nurse: A.D. Bryant, LPN

Treatment Coordinator: E. Feltz, PhD

Inmate Agreement: Randell Hampton

Date: 2/24/03

Date: 2/25/03

Date: 2/24/03

Date: 2-24-03

Next Treatment Plan Review to be Conducted by: N/A (within one working day)

Inmate Name

Hampton, Randell

AIS #

226420

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: CRISIS INTERVENTION

Treatment Plan Initiated On: 2/21/03 Treatment Coordinator: Dr. Eric Little

Inmate's Housing Location: Infirmery Institution: BCCF

Presenting Crisis: Pt. attempted suicide by putting his head in the toilet.

DSM IV Diagnosis:

Axis I: Schizoaffective Disorder

Axis II: Borderline Intellectual Funct. / Personality Disorder NOS

Axis III: Hx. of Seizure Disorder

Current Precautionary Measures: Pt. is on suicide watch in Safe Cell #2.

Problem #1	<u>Potential for self-injury</u>
Goal:	<u>To prevent pt. from inflicting harm to himself</u>
Target Date for Resolution:	
Intervention(s):	<u>① Monitor closely while in Safe Cell</u> <u>② Administer meds as ordered</u>
Staff Member(s) Responsible:	<u>MHP / NSG staff</u> Frequency: <u>Frequently</u>

Problem #2	<u>Excessive anger / poor impulse control</u>
Goal:	<u>To provide a stable / secure environment</u>
Target Date for Resolution:	
Intervention(s):	<u>① Transfer to RCF if no improvement</u>
Staff Member(s) Responsible:	<u>MHP / DOC staff</u> Frequency: <u>A.S.C.P.</u>

Second Page attached: Yes ☐ No ☒

Treatment Team Members

Psychiatrist: [Signature] Date: 2/21/03

Mental Health Nurse: [Signature] Date: 2/21/03

Treatment Coordinator: [Signature] Date: 2/21/03

Inmate Agreement: Refused to sign [Signature] Date: _____

Treatment Plan Review by: _____ (within one working day)

Inmate Name	<u>Hampton, Randell</u>	AIS #	<u>226420</u>
-------------	-------------------------	-------	---------------

ALDOC Form 462-03

Physician's Chronic Care Clinic

Date: 5/2/05 Time: 1120 Facility: BCLF 783 226 420 Washington Randa

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

OBJECTIVE: BP 120/66 HR 68 RR 20 Temp 98 Wt 165 Peak Flow

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

It is taken his size med

*will try
no new onzul*

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: *will work on phos/ferraf*

F/U: Routine 90 days: ✓

Other

[Signature]
Physician MD

Problem List updated: Yes No

PRISON HEALTH SERVICES

Name: Harrison, Randall
 Inmate #: 226 420
 DOB: 10/15/83 Race: B Gender: M

Nurse's Chronic Care Clinic

Date: 5/2/05 Time: 1120 Facility: BCCF

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL ☒ SZ TB

SUBJECTIVE:

For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:

See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: Dates:

For seizure patients, list the # of witnessed seizures since the last CIC visits: 0 Dates: N/A

ALLERGIES: NKA CURRENT DIET: Reg

DESCRIBE MED AND DIET ADHERANCE: Non Compliant

DESCRIBE ANY MED SIDE EFFECTS: None noted

VACCINES: Flu Pneumovax Hep A Hep B

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.

(This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on : CD4 & HIV-RNA 1 on :
 Peak Flow : LFTs on : Serum Drug Levels on : EKG : CXR :

MEDICATIONS:

Phenobarb 60mg BID
 Zepretol 100mg 3 tabs BID

Phenobarb 60mg
 Zepretol 100mg
 Level pending

Patient Educated on:

Di. absence of force Seizure: No noted Seizure activity
in past 3 months. Di. absence as indicated
by Dr. Smith of the Safety

Nurses Signature and Title W. A. Smith

Inmate Signature

(01/31/05)



PRISON
HEALTH
SERVICES
INCORPORATED

PRISON HEALTH SERVICES

NON-COMPLIANCE NOTICE

The following has been observed and documented per non-compliance policy:

CLASS

☐ Diet

☒ Medication

☐ Treatment

SPECIFIC

ADA _____

CARDIOVASCULAR _____

ALT. G.I. _____

OTHER _____

INFECTIOUS _____

ACUTE _____

CHRONIC _____

PSYCHIATRIC _____

OTHER _____

BLOOD PRESSURE _____

DRESSING _____

ACCUCHECK _____

OTHER *Seizure*

ACTION TAKEN BY NURSING:

☒ Counseling

☐ Discontinue Medication

☐ Re-assign Schedule

☐ Placed on sick call

☐ Inform MH Department

☐ M.A.R. Review

ACTION TAKEN BY PRESCRIBERS:

☐ Physician

☐ P.A.

☐ Psychiatrist

☐ Counseling

☐ Discontinue Meds

☐ Discontinue Tx

☐ Change Meds

OTHER _____

ACTION TAKEN BY INMATE:

☐ Treatment Refusal Signed

☐ Explanation of Non-Compliance

☒ Refuses to sign

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
<u>Hampton, Randall</u>	<u>226420</u>		<u>BM</u>	<u>Bullock</u>

DEPARTMENT OF CORRECTIONS

PHYSICIAN'S

SEIZURE CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC				ALLERGIES	
DATE / TIME				2/1/8705	
O: VS T P R ..					
BP 120/70 WT					
REVIEW OF NURSES CCC RECORD					
(YES) NO					
Neurological exam:					
Nystagmus				none	
Pupils				OK	
Reflexes					
Description of last SZ activity:				P: LABS	
Tonic Clonus					
Treatment Goals					
Prevention of Seizures					
Notes: Seizure activity: (Controlled) Uncontrolled (circle one)				ORDERS:	
Will continue on Phenytoin					
				MEDICATION:	
				Phenytoin	
				600 mg BID	
				Levetiracetam 300 mg BID	
				STATUS: (circle) IMPROVED, UNCHANGED, WORSENERD.	
				CONTROL LEVEL: (circle) GOOD, FAIR, POOR	
				CCC WITH NURSE (circle) 1, 2, 3 MONTHS.	
				CCC WITH MD (circle) 1, 2, 3, 4, 5, 6 MONTHS.	
EDUCATION DONE TOPIC		Y N		Seizures	
INMATE NAME		NUMBER		AGE	
Hamilton, Randall		226430		21	
RACE/SEX		SIGNATURE:			
				2/1/8705	

Control: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
Unchanged—The frequency of seizures has remained the same
Worsened—The number of seizures has increased

NURSE'S

Control: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
 Unchanged—The frequency of seizures has remained the same
 Worsened—The number of seizures has increased

SEIZURE CHRONIC CARE CLINIC

Status: Improved—The number of seizures has diminished
 Unchanged—The frequency of seizures has remained the same
 Worsened—The number of seizures has increased

NURSE'S

Control: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
 Unchanged—The frequency of seizures has remained the same
 Worsened—The number of seizures has increased